

<b>Case Number:</b>	CM14-0152376		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/15/2002
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 58-year-old female who has submitted a claim for sprain of knee and leg, associated with an industrial injury date of 04/05/02. Medical records from November 2013 to September 2014 were reviewed. Patient complained of pain and stiffness to both knees and left ankle. According to the patient, it resulted from multiple work-related injuries. She underwent left total knee arthroplasty in 2008. She noted pain, presence of extensive swelling of her left lower extremity, and the development of varicose veins after the total knee replacement. The patient had difficulty with walking. Physical examination of the both knees on the progress notes, dated July 15, 2014, revealed tenderness over the medial and lateral joint lines. Range of motion was limited. Examination of the left ankle revealed tenderness and limitation of range of motion. Femoral pulses were symmetric. Distal pulses were 2+. Venous Doppler, dated March 27, 2013, revealed no evidence of deep vein thrombosis in the lower extremities bilaterally. There were noted incompetent valves in the deep venous system bilaterally and left superficial vein. Treatment to date has included Celebrex, Cosamine DS, omeprazole, Lasix, Gabapentin, herbal therapies, knee arthroplasty, and physical therapy. Utilization review from September 8, 2014 denied the request for 60 capsules of Cosamine DS and 30 capsules of omeprazole 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cosamine DS, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Page 50 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that glucosamine and Chondroitin sulfate, the active components of Cosamine DS, are recommended as an option given its low risk, for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. In this case, the patient was diagnosed with cervical and lumbar sprain. There is no documentation in the medical records of a diagnosis of osteoarthritis or knee osteoarthritis. The medical necessity cannot be established at this time. Therefore, the request for 60 capsules of Cosamine DS is not medically necessary.

**Omeprazole 20mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** As stated on pages 68-69 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risk factors: age > 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, it was not specified in the documents, when the anti-inflammatory medical therapy, such as Celebrex, was started. Moreover, the records did not mention any gastrointestinal symptoms or risks. Patient likewise did not meet any of the aforementioned risk factors. There is likewise no gastrointestinal diagnosis. Therefore, the request for 30 capsules of omeprazole 20 mg is not medically necessary.